

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC

15 APR 17 PM 2:03

Office Use Only

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

GABRIEL GOMEZ FOR SENATE

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

138 CONANT STREET

Check if different  
than previously  
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00541540

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the  
State of

MA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the  
State of

MA

5. Covering Period

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

Date

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)

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